PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003												628	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
T	OTAL CLAIMS	}	13		•		-	RATE	FEE	7	RATE	FEE	
FC	OR .		NUMBER FILED .		NUMBER EXTRA			BASIC FE	<b>≆</b> 385.00	OR	BASIC FEE	770.00	
π	TAL CHARGE	ABLE CLAIMS	/3 minus 20=		• –			X\$ 9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS	2 minus 3 =		• 4			X43=	122	OR	X86=		
MI	ILTIPLE DEPE	NDENT CLAIM P	RESENT						172	1			
* If the difference in column 1 is less than zero, enter "0" in column 2								+145≈	<u> </u>	OR	+290=		
CLAIMS AS AMENDED - PART II								TOTAL	557	OR	TOTAL		
	1/189	(Geflumn 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 13	Minuş	- 2	.0	• ¬	ı	X\$ 9=	1	OR	X\$18=-		
	Independent	· 7	Minus	***	7	1:		X43=		OR	X86		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	2	OR	+290a		
RCE							Ł	TOTAL			TOTAL		
5.	19-06	(Column 1)		(Colum	in 21	(Column 3)	•	VDDIT. FEE		<b>J</b> O	ADOIT. FEE		
AMENOMENT B		CLAIMS REMAINING		HIGHE	ST		ſ		ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	•.13	Minus	<b>-</b> 2	0	:4		X\$ 9×		OR	X\$18=		
	Independent	NTATION OF MU	Minus	ENDENT	7.	• 0		X43=		OR	X86=		
		:	CON CC DC	CHOCKE	COUNT	<u>  </u>		+145=		OR	+290=		
					•	:	_	TOTAL DOIT, FEE		OR	TOTAL ADDIT, PEE		
		(Column 1)		(Colum	ກ 2)	(Column 3)			7				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	• .	HIGHE NUMBI PREVIOL PAID R	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total ·	•	Minus	**			ſ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		*	t	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del></del>	OR	~~~		
• If the entry in column 1 is less than the satry in column 2, write "0" in column 3.										OR	+290=		
	the "Highest Num the "Highest Num	niber Previously Pai niber Previously Pai ber Previously Paid	d For' IN THE Id For' IN THE	S SPACE IS I	less than	n 20, enter "20." n 3. enter "3."	~	TOTAL DOTT. FEE			TOTAL DOT. FEE		

Application or Docket Number